2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 29, 2001 8:00 am DOCUMENT # P99000096094 **Secretary of State** 1. Entity Name WORLD DEPOT, INC. 03-29-2001 90987 001 ***150.00 03-29-2001 90987 002 *****8.75 Principal Place of Business Mailing Address 21011 JOHNSON STREET 21011 JOHNSON STREET **UNIT 129 UNIT 129** PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0958937 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent B. JoeDan BENITEZ, JULIO A Street Address (P.O. Box Number is Not Acceptable) 10300 SUNSET DRIVE MIAMI CAKES FL ZIP COde 103 SUITE 260 **MIAMI FL 33173** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ddition □ Delete TITLE TITLE NAME HASSAN, CESAR J NAME STREET ADDRESS STREET ADDRESS 21011 JOHNSON STREET, UNIT 129 CITY-ST-7IP CITY-ST-ZIP PEMBROKE PINES FL 33029 Addition Change TITLE □ Delete TITLE SIDII JOHNSON ST #159 NAME NAME HASSAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP semblake ping, Fl 33029 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

HASSAM 03-15-2001 954-443-3435

CITY-ST-7IP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with dipotrar like empowered.

CITY-ST-ZIP